

Monthly Insurance Premiums (July 1, 2021 - June 30, 2022) To be deducted over 20 pay periods (School Year) Grandfathered Crossing Guards

UHC - Choice	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$777.77	\$777.77	\$0.00	\$0.00
Employee + Spouse	\$1,734.40	\$1,387.52	\$462.51	\$231.25
Employee + Child(ren)	\$1,454.40	\$1,163.52	\$387.84	\$193.92
Family	\$2,278.83	\$1,823.06	\$607.69	\$303.84

		City Monthly	Employee Monthly	Employee Per Pay
UHC - Choice Plus	Monthly Premium	Payment	Payment	Period
Employee Only	\$810.99	\$777.77	\$44.29	\$22.15
Employee + Spouse	\$1,808.51	\$1,387.52	\$561.32	\$280.66
Employee + Child(ren)	\$1,516.55	\$1,163.52	\$470.71	\$235.35
Family	\$2,376.18	\$1,823.06	\$737.49	\$368.74

UHC - HSAChoice	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$564.34	\$564.34	\$0.00	\$0.00
Employee + Spouse	\$1,258.47	\$1,258.47	\$0.00	\$0.00
Employee + Child(ren)	\$1,055.31	\$1,055.31	\$0.00	\$0.00
Family	\$1,653.50	\$1,653.50	\$0.00	\$0.00

UHC - Dental Low	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$23.54	\$23.54	\$0.00	\$0.00
Employee + Spouse	\$47.02	\$37.62	\$12.54	\$6.27
Employee + Child(ren)	\$47.02	\$37.62	\$12.54	\$6.27
Family	\$89.07	\$71.26	\$23.75	\$11.88

UHC - Dental High	Monthly Premium	City Monthly Payment	Employee Monthly Payment	Employee Per Pay Period
Employee Only	\$40.72	\$23.54	\$22.91	\$11.45
Employee + Spouse	\$80.33	\$37.62	\$56.95	\$28.48
Employee + Child(ren)	\$80.33	\$37.62	\$56.95	\$28.48
Family	\$142.54	\$71.26	\$95.05	\$47.52

		City Monthly	Employee Monthly	
Ameritas Vision	Monthly Premium	Payment	Payment	Period
Employee Only	\$6.32	\$6.32	\$0.00	\$0.00
Employee + Spouse	\$14.48	\$11.58	\$3.86	\$1.93
Employee + Child(ren)	\$12.36	\$9.89	\$3.30	\$1.65
Family	\$20.52	\$16.42	\$5.47	\$2.74